

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Applicant:

Gabriel GURMAN et al.

Serial No.: 10/599,598

Filing Date: April 3, 2005

For: Apparatus and Method for the
Detection of One Lung Intubation
by Monitoring Sounds

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Confirmation No. 6780

Group Art Unit:

Attorney

Docket: 1054/17

Mail Stop Missing Parts
Commissioner of Patents and Trademarks
Alexandria, Virginia 22313-1450

CORRECTION OF APPLICATION PAPERS

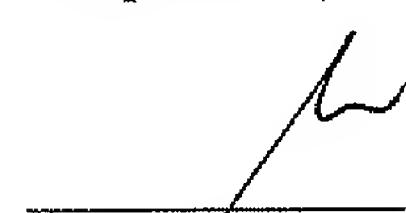
Sir:

This is in response to the Notification of Defective Response mailed March 20, 2008 due to an incomplete response to Notice Of Missing Requirement mailed October 22, 2007, which response is being made on or before April 20, 2008, and for which no extension fees are due.

Applicant submits declaration signed and dated by four inventors, the fifth inventor, Arnon Cohen, is deceased. In accordance with CFR 1.42 Applicants submit the deceased inventors Death Certificate in Hebrew with English Translation thereof.

Applicants respectfully request in view of the foregoing that the above-referenced application be allowed to proceed to examination.

Respectfully submitted,



Mark M. Friedman
Attorney for Applicant
Registration No. 33,883

Date: April 14, 2008



תעודת פטירה

שם המשפחה	כהן	השם הפרטי של האב	ישראל
השם הפרטי של אבי האב		השם הפרטי של האם	רחל
המין	זכר	מספר הזהות	0 0651913 6
הלאום	יהודי	הדת	יהודי
המצב האישי	אלמן	תאריך הלידה	5 בפברואר 1938
תאריך הלידה העברי	ד' באדר א תרצ"ח	תאריך הפטירה	19 בפברואר 2005
תאריך הפטירה העברי	י' באדר א תשס"ה	שם בית החולים	מאיר
מקום הפטירה	כפר סבא	סיבות הפטירה	

הנני מאשר כי הפטירה נרשמה בפנקס הפטירות
 התעודה ניתנה בהתאם לסעיף 30 לחוק מרשם האוכלוסין תשכ"ה - 1965
 בלשכה למנהל אוכלוסין בבאר שבע
 בתאריך י"ט באדר א תשס"ה 28 בפברואר 2005



חתימת פקיד הרישום
 חותמת המשרד

לכבוד
 משפחת
 כהן

EMBLEM OF THE STATE OF ISRAEL

STATE OF ISRAEL
(in the Hebrew, Arabic
and English languages)

MINISTRY OF THE INTERIOR
(in the Hebrew, Arabic
and English languages)

DEATH CERTIFICATE

Family name: **COHEN**

Personal name: **ARNON**

Given name of the father: **ISRAEL**

Given name of the mother: **RACHEL**

Given name of the father's father:

Sex: **MALE**

Identity number: **0 0651913 6**

Nationality: **JEWISH**

Religion: **JEWISH**

Personal status: **WIDOWER**

Hebrew date of birth: **4 ADAR ALEPH 5698** Gregorian date of birth: **5 FEBRUARY 1938**

Hebrew date of death: **10 ADAR ALEPH 5765** Gregorian date of death: **19 FEBRUARY 2005**

Place of death: **KFAR SABA**

Reason for the death:

I confirm that the death was registered in the Register of Deaths

This certificate is given in accordance with section 30 of the Population Registry Law, 5725 – 1965 at the Population Registration Office in Beersheva

On the date: **19 ADAR ALEPH 5765 28 FEBRUARY 2005**

Stamp with emblem of the State of Israel and the words "State of Israel Ministry of Interior" in the Hebrew and English languages

(-)

(signature)

Signature of the Registration Officer

Stamp of the Ministry

10/7

Cohen Family

Rotem 47

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